

TONS-O-FUN SUMMER CAMP REGISTRATION FORM

Program is held at JFK Middle School

REGISTRATION INFORMATION

Child's First Name: _____ Last Name: _____ Male / Female Age: _____
Date of Birth: ____ / ____ / ____ Current School: _____ Grade Completed as of June 2013: _____
Address: _____ Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Email Address: _____

CONTACT INFORMATION

Father's Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Mother's Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name	Telephone Number	Additional Number
_____	_____	_____
Contact Name	Telephone Number	Additional Number
_____	_____	_____

PICK UP AUTHORIZATION - PARENTS MUST BE LISTED IN ORDER TO PICK UP THE CAMPER!

I hereby authorize the following person(s) to pick up my child from the Enfield Recreation Department's "Tons of Fun" Program. **If there are any changes in these arrangements, I will make changes to this form at the Recreation Office (notes sent to camp will not be accepted).** Parent/guardian must be included on this release.

- Parent/Guardian Name: (Mother) _____ (Father) _____
- Name: _____ Phone: _____ Relationship: _____
- Name: _____ Phone: _____ Relationship: _____
- _____

**Please check if applicable: My child is allowed to _____ WALK _____ BIKE to and from the program.

SESSIONS DESIRED check all sessions you would like to register for & total registration fees at the bottom.

FEES (per week rate):

Week 1: \$88.00 for camp, \$16.00 for aftercare

Week 2-6: Residents: \$110.00 for camp, \$20.00 for aftercare

Sessions	Entering Grades 1 - 4		Entering Grades 5 - 10	
	Camp	Aftercare	Camp	Aftercare
1) July 1 - 5 <small>no 7/4</small>	_____ 3603.0430.403	_____ 3603.0430.415	_____ 3603.0430.409	_____ 3603.0430.421
2) July 8 - 12	_____ 3603.0430.404	_____ 3603.0430.416	_____ 3603.0430.410	_____ 3603.0430.422
3) July 15 - 19	_____ 3603.0430.405	_____ 3603.0430.417	_____ 3603.0430.411	_____ 3603.0430.423
4) July 22 - 26	_____ 3603.0430.406	_____ 3603.0430.418	_____ 3603.0430.412	_____ 3603.0430.424
5) Jul 29 - Aug 2	_____ 3603.0430.407	_____ 3603.0430.419	_____ 3603.0430.413	_____ 3603.0430.425
6) August 5 - 9	_____ 3603.0430.408	_____ 3603.0430.420	_____ 3603.0430.414	_____ 3603.0430.426

Session (s) Total: \$ _____

Note: There are two sides to this form. Please turn this page over.

MEDICAL INFORMATION

Is your child allergic to anything? YES _____ NO _____

If yes, to what?

Does your child take any medications?* YES _____ NO _____

If yes, what medications and are there any side effects the staff should be aware of?

Any medical conditions or special needs staff should be aware of? YES _____ NO _____

If yes, please explain in detail

Does your child have any other special considerations related to behavioral needs which are not mentioned above and our staff should know about to help your child have a positive experience at camp? YES _____ NO _____

If yes, please explain in detail

***NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and inhalers. In this case, please see the Recreation Office for an additional form which must be completed by your doctor before camp begins.)

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waiver and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

Photo Release: The Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used in future catalogs, website, brochures, pamphlets and/or flyers.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

Participant/Parent/Legal Guardian Signature

Date

Please read BEFORE you register

If you provided us with your email address, you will receive an electronic confirmation that your registration has been processed. If not, please include a self-addressed stamped envelope so we can mail you a receipt. Please contact the office if you do not receive registration confirmation within 10 days.

To be processed registrations must include a completed registration form, proof of residency, and payment in full. Incomplete registrations cannot be processed.

If you have any questions about camp please contact the Recreation Department BEFORE you register your child. Refunds are only given for medical reason on receipt of a doctors note. Please see Withdrawal Policy on page two for complete information.